



MACOMB COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES DIVISION
43525 ELIZABETH RD.
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Telephone: (586) 469-5236
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REQUEST FOR POSTPONEMENT OF EVALUATION

On-Site Sewage Disposal and/or Water Supply System(s)

Subject Property:

Address _____

City/Twp. _____

Parcel ID
Number _____

Requestor:

Name _____

Address _____

City/State _____ Zip _____

Phone () _____

Property Use: ☐ Residential ☐ Commercial

In accordance with Section 7.2 of the Regulations Governing On-Site Sewage Disposal and On-Site Water Supply System Evaluation and Maintenance in Macomb County, Michigan, I am requesting a postponement of the evaluation due to:

☐ Structure being vacant for more than 10 days

☐ Winter weather conditions

I certify that any authorization for postponement that is granted will be provided to the prospective owner(s).

Signature of Requestor

Date